

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 589933

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4						
5				2		
6				2		
7				4		
8				4		
9				4		
10				4		
11				4		
12				4		
13				4		
14				4		
15				4		
16				4		
17				4		
18			1			
19				1		
20						
21				1		
22				2		
23				1		
24				2		
25				1		
26				4		
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	66	←		←
TOTAL CLAIMS			68			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						